

## How to Register

### 3 Easy Ways to Register

1. Online
2. In person
3. Mail-in

### 4 Easy Ways to Pay

1. Cash
2. Check (payable to City of Dublin)
3. Credit card
4. Money Order

### Where to Register

Register online at [www.DublinRecGuide.com](http://www.DublinRecGuide.com), or call (925) 556-4500. To register in person, visit the Parks and Community Services Department at:

Shannon Community Center  
11600 Shannon Avenue  
Monday to Friday: 8 AM to 5 PM  
Thursday: 5 PM to 7 PM  
Saturday: 9 AM to 12 PM

### Registration Begins

Residents: Monday, March 16  
Non-Residents: Monday, March 23

### Resident Status

To qualify for Resident status you must be a permanent resident with a valid address in the City of Dublin.

### Online Registration and PIN Information

Our online registration system allows you to set up an account, check availability, register immediately, and print your own receipt. Visit [www.DublinRecGuide.com](http://www.DublinRecGuide.com) or call (925) 556-4500 to set up your free account.

If you have forgotten your PIN number, click on "forgot password" and enter the email address you have listed on your account and you will receive an email with all of your login information. You may also email [glentheguide@dublin.ca.gov](mailto:glentheguide@dublin.ca.gov), or call (925) 556-4500.

## General Registration Information

- Registration is required prior to attending a class.
- Full payment is due at the time of registration.
- Only check payments can be submitted with mail-in registrations. Credit Card payments must be made in person or online at [www.DublinRecGuide.com](http://www.DublinRecGuide.com).
- For mail-in registrations, confirmations will be sent to the email address on the registration form.
- Once a class has reached maximum enrollment, a waitlist will be established. If space opens, or a new class is created, staff will notify those on the waitlist.
- A charge will be assessed for all refunds and withdrawals.

## Refund and Withdrawal Policies

Withdrawals can be processed online at [www.DublinRecGuide.com](http://www.DublinRecGuide.com), or over the phone by calling (925) 556-4500.

### Before the Program Begins:

- If the withdrawal is requested up to four (4) business days prior to the activity start date, a credit for the full registration fee will be placed on your account. If you would like your credit balance refunded, please call (925) 556-4500 or send an email to [glentheguide@dublin.ca.gov](mailto:glentheguide@dublin.ca.gov). Refunds take up to 30 days and are subject to a \$5 processing fee.
- If the withdrawal is requested less than four (4) business days before the activity start date, the activity fee will be forfeited and no refund or credit will be issued.

### After the Program Begins:

- Refund requests after a program begins are not guaranteed. Program supervisors will review each request on an individual basis.
- Failure to attend a program will not be granted a refund or credit.
- Refunds or credits will not be issued for requests received after the program is finished.

## Minimum Enrollment

All programs must meet minimum enrollment. For most programs, if the minimum enrollment is not met 5 business days before the scheduled start date, it will be cancelled and enrollees will be contacted 4 days in advance.

## Emergency Forms

Emergency forms are required for all City-run programs. Visit our website to print a copy and find other important camp information and answers to frequently asked questions:

[www.dublin.ca.gov/activityguide](http://www.dublin.ca.gov/activityguide)



# REGISTRATION FORM

## No Phone or Faxed Registrations Accepted

HOW AND WHEN TO REGISTER
<b>Online at</b> <a href="http://www.DublinRecGuide.com">www.DublinRecGuide.com</a> <b>In Person</b> <b>Mail-In:</b> Shannon Community Center 11600 Shannon Avenue Dublin, CA 94568
<b>For 2015 Summer Camps and Aquatics</b> <b>Residents:</b> Monday, March 16 <b>Non Residents:</b> Monday, March 23

**Note:** Registrations received prior to these dates are not given priority. Call **(925) 556-4500** for more information.

- Full payment is due at the time of registration. Checks are payable to the "CITY OF DUBLIN." MasterCard, Visa, Discover and American Express credit cards are accepted.
- Only check payments can be submitted with mail-in registrations. Credit Card payments must be made in person or online at [www.DublinRecGuide.com](http://www.DublinRecGuide.com).
- For mail-in registrations, confirmations will be sent to the email address on the registration form.
- If you do not already have an online account with us, please call (925) 556-4500 to set up a free account, or set up an account at [www.DublinRecGuide.com](http://www.DublinRecGuide.com).

### Activity Withdrawals and Refunds

Withdrawals can be done online at [www.DublinRecGuide.com](http://www.DublinRecGuide.com) or over the phone:

- If the withdrawal is requested up to four (4) business days prior to the activity start date, a credit for the full registration fee will be placed on your account. If you would like your credit balance refunded, please call (925) 556-4500 or send an email to [glentheguide@dublin.ca.gov](mailto:glentheguide@dublin.ca.gov). Refunds take up to 30 days and are subject to a \$5 processing fee.
- If the withdrawal is requested less than four (4) business days before the activity start date, the activity fee will be forfeited and no refund or credit will be issued.

## PARENT/MAIN CONTACT INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home/Evening Ph: ( )** \_\_\_\_\_ - \_\_\_\_\_ **Work/Daytime Ph: ( )** \_\_\_\_\_ - \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Emergency Contact/Relationship** \_\_\_\_\_ **Ph: ( )** \_\_\_\_\_ - \_\_\_\_\_

PARTICIPANT'S NAME	BIRTHDATE	M/F	ACTIVITY TITLE	ACTIVITY #	2 <sup>ND</sup> CHOICE	FEE

The City of Dublin Youth Fee Assistance Program provides eligible Dublin youth financial assistance to participate in City sponsored recreation programs. The program will allow children to have quality recreational experiences that may not be possible without financial assistance. Would you like to make a donation of \$1 to the Youth Fee Assistance Program? ☐ Yes, \$1.00— Thank you for your support! ☐ No thanks.

<b>Total fees due:</b>	
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**I understand that photographs may be taken of me or my child during the course of said activity, and that these photographs may be used in the City of Dublin's publications.**

**PLEASE CAREFULLY READ THE FOLLOWING PARAGRAPH. AMONG OTHER THINGS, IT LIMITS YOUR RIGHT TO SUE SHOULD YOU OR YOUR CHILD BE INJURED WHILE PARTICIPATING IN A CITY PROGRAM.**

**Waiver and Release:** I specifically acknowledge that City recreation programs may include physical activity that can result in injury to participants, and I agree that should I engage in such activity that I do so voluntarily and at my own risk. THE UNDERSIGNED, in consideration of participation in this program and the use of the City's facilities and premises, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE THE CITY OF DUBLIN, its officers, employees, and agents ("the City") for any loss or damage, and any claim or demands therefor on account of injury to the person or resulting in the death of the undersigned, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorney's fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any using any facilities or equipment of the City whether caused by the negligence of the City or otherwise. If this agreement is signed on behalf of a minor by a parent or guardian, the phrases "I" and "the undersigned" in the previous paragraph refer to the child and not to the parent or guardian signing on the child's behalf. In the case of an injury to my minor child, I authorize the City staff to administer minor first aid. In the event that I cannot be contacted and it is necessary to administer further medical treatment, I will take full responsibility for any medical expenses. I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I HAVE READ THIS RELEASE.

Signature

Date

☐ Participant ☐ Parent ☐ Legal Guardian

### FOR OFFICE USE ONLY

Date Entered: \_\_\_\_\_ Receipt No: \_\_\_\_\_

☐ Cash ☐ Credit Card ☐ Check No: \_\_\_\_\_

Initial: \_\_\_\_\_